PTO/SB/17 (10-08)
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2009				respond to a collection of information unless it displays a valid OMB control number					
				Complete if Known					
						10/590,518-Conf. #7374			
						December 7, 2006			
						Yozo SHOJI			
				Examiner Name (		Q. Z. Wang			
Applicant claims small entity status. See 37 CFR 1.27			7	Art Unit 2613			·		
TOTAL AMOUNT OF PAYMENT (\$) 220.0		(\$) 220.00		Attorney Docket No.		4035-0183PUS1			
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH	, AND EXA	MINATION FEI	ES						
	FILIN	IG FEES	SEA	ARCH FEES	EXAMI	NATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)	
Utility	330	165	540	270	220	110	1 000	· did (ψ/	
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85	***************************************		
Reissue	330	165	540	270	650	325			
Provisional	220		0						
2. EXCESS CLAIM FEES	220	110	U	0	0	0	***************************************	5 H = 44	
							Fee (\$)	Small Entity Fee (\$)	
Fee Description Each claim over 20 (includi	no Reissues	)					52	26	
Each independent claim over 3 (including Reissues)							220	110	
Multiple dependent claims							390	195	
				ee Paid (\$)		lultiple Depend			
70tal Claims Extra Claims Fee (\$) 22 -22 or HP x =				eraid (\$)			Fee Paid (	-	
HP = highest number of total clair					1.5	10 (4)	ce i aiu i	<b>AT</b>	
· · · · ·			Fe	e Paid (\$)					
4				220.00					
HP = highest number of independ									
3. APPLICATION SIZE FEE									
If the specification and dra	wings excee	ed 100 sheets o	f paper (	excluding electro	nically fil	led sequence or	computer		
listings under 37 CFR 1	.52(e)), the	application siz	e fee du	e is \$270 (\$135 fo				0	
sheets or fraction thereo	of. See 35 U								
	tra Sheets			dditional 50 or frac			Fee	Paid (\$)	
-100 = /50 = (round <b>up</b> to a whole number) x						x :	=		
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)									
		e (no small ent	ity disco	ount)					
Other (e.g., late filing sur	:charge):								
SUBMITTED BY	11	1 /							
(Attorney/Agent)					Telephone	one (703) 205-8000			
Name (Print/Type) Paul C. Le	wis					Date [	Decembe	r 8, 2009	